

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		2				
11		2				
12	1					
13		1				
14		1				
15		2				
16	1					
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21			1			
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30				2		
31			1			
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50						
TOTAL IND.			4			
TOTAL DEP.			28			
TOTAL CLAIMS			32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

33 * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS